SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENTI OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 0CT - 1 101 8: 08 P96000036829 (5) DOCUMENT # SECRETATION STATE TALLAHASSEL FLORIDA JUST RIGHT CARE, INC. Principal Place of Business Mailing Address 4216 PINEHILLS CIRCLE 4216 PINEHILLS CIRCLE ORLANDO FL 32808 ORLANDO FL 32808 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Culvent Registered Agent Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registered Agent 81 Name PEART, LOUISE n e 4218 PINEHILLS CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 **B3** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (amiliar with anotycept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4/97 DELETE Addition TITLE 1.1 TITLE Change PEART, LOUISE D 1.2 NAME NAME **4216 PINEHILLS CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change TITLE 2.1 TITLE LINDSAY, PAULINE NAME 22 NAME 4515 SANTA CRUZ CT. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32808 2.4 CITY+\$1-ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 3.1 TITLE 3.2 NAME 900002310549---8 NAME -10/02/97--01113--021 3.3 STREET ADDRESS STREET ADDRESS ****550.00 ****550.00 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TrTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP 4.4 CHY-ST-ZIP DELETE 51 THLE Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CI1Y - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

8-11-97

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